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CLINICAL REPORTS.

*Philadelphia Hospital—Service of W. W. Gerhard, M. D.,
Attending Physician.*

Reported by T. R. WALKER, M. D., Resident.

Strictly speaking, all cases of disease are interesting, but in collecting into groups a mass of cases observed in a hospital, we may divide them into two principal classes. First. Those which are admitted under such circumstances as to preclude the possibility of modification by treatment, either from the inherent fatality of the disease, or from the late period, after disorganization, at which the patient is admitted. Second. Cases which illustrate the usual course of curable diseases, and lead us to some therapeutic deductions. In large Hospitals, especially those which, like our Institution, are both Alms-Houses and Hospitals, the number of incurable cases is necessarily disproportionately great; for many of the patients enter only after having exhausted their money, and their hope of recovery: in private practice, on the other hand, the proportion of fatal cases is trifling. Although it is not agreeable in itself to report cases terminating unfavorably, yet they are, perhaps, of more real instruction to the practitioner than those which end in recovery, and throw as much, if not more, light upon our knowledge of disease, and indirectly of its treatment.

The present report includes the number of patients under cure in four wards of the Philadelphia Hospital; three of them for men and one for women.

The number treated between the 10th of January and the 1st of March, 1842, is 139. Of these, 84 were white males; 38 black males; and 17 white females. During this time, 71 were discharged; 18 died, one half of whom consisted of cases of pulmonary phthisis. The remainder are still in the wards.

Thoracic Diseases.	{	Phthisis Pulmonalis,	-	-	-	No. 19
		Pneumonia,	-	-	-	" 5
		Pleuro Pneumonia,	-	-	-	" 2
		Bronchitis,	-	-	-	" 11
		Pleuritis,	-	-	-	" 5
		Disease of Heart and Aorta,	-	-	-	" 7

Of the cases of phthisis included in the foregoing table, all were far advanced at the time they entered. Nearly all offered the signs of cavities

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already formed in one or both lungs; nine have been carried off by the disease. One case only offered many points of interest.

CASE I. A weaver, æt. 27, of intemperate habits, admitted January 21, 1842. Has been very healthy till last August, when, after great exertion at a fire, was overheated and fatigued, lay down upon the grass. Chilliness soon followed, and the next morning he felt a lightness of the head. He also suffered from considerable cough. This disappeared in a few days, but soon returned. Has had no pain in the chest except for the last three months, when, upon rising from bed, there was uneasiness at the left nipple; none scarcely at the right. In August began to expectorate creamy phlegm. For the last two months his expectoration has been nummular. Was obliged to quit work in November on account of increased pain, cough, emaciation, and failure of strength.

January 22. As first seen, emaciation and debility great. Appetite bad for last three weeks. No fever or chill, and complains of no pain. Bowels opened naturally. Pulse small and frequent. Respiration about thirty-six in the minute, and somewhat laboured.

Physical Signs.—Respiration, posteriorly at summit of left lung is harsh. At summit of right lung some crackling, almost cavernous. Respiration below this very feeble, scarcely audible. Percussion over the same extent decidedly flat, with slight dilatation of the chest. Anteriorly beneath the left clavicle was distinctly heard amphoric respiration. Blister to right side.

As the case was evidently one of very advanced phthisis, with large pleuritic effusion upon the right lung, a palliative treatment was adopted. The patient was placed upon the infusion of digitalis, and a blister was applied to the right side of the chest. The digitalis producing no decided effect, it was discontinued after some days, and the patient placed upon a simple infusion of the wild cherry bark, acidulated. A partial absorption of the effused fluid took place, but with very little relief to the patient. The symptoms continued until the 12th of February.

Feb. 12th. No important change has been observed, except that he suffered for one or two days from slight diarrhœa. His pulse all the time ranged from 130 to 160. Respiration was high and impeded. Appetite bad. Now his cough is much worse. Expectoration (of thick mucopurulent matter) more abundant. Slight delirium, of which the patient is himself conscious. More pale, slight tremors. Pupils rather contracted. Complains of giddiness in the head. Profuse sweat and intense fever.

February 14. Has no delirium, but is very dull. Pulse is 136 and feeble. Respiration high and difficult. Tongue not much affected, slightly red and moist. Bowels are quite loose. There is pain in the chest. Gurgling heard at upper part of right lung. Sonorous and subcrepitant rhoncus heard in the left lung, particularly towards its lower portion. This is probably the consequence of commencing softening.

15. Delirium of an active character having recurred on the evening of the 14th, a blister was applied to the back of the neck. It produced but temporary relief. From the first appearance of this symptom he sank rapidly. Countenance grew more pale and anxious. Difficulty of breathing increased. Subsultus and tremors were more evident. His symptoms were of this oppressive character until the evening of the 15th, at which time he expired.

No autopsy could be made, but the case was evident enough as regarded

the pectoral symptoms. The only question of interest was the cause of the delirium. This symptom is a very frequent one towards the latter stages of phthisis. In some cases it depends upon the mere nervous prostration which may end in delirium; but in others it is a true arachnitis, and the patient dies of the effusion of lymph, and of the tuberculous deposit in the membranes of the brain, especially at the base. The serous inflammation of the brain is most apt to occur when the pleura or some other serous membrane is inflamed; an example of the repeating inflammations, if we may so call them, of serous membranes.

Of the cases of pneumonia, all terminated favourably. The following case was severe from the rapid development of cerebral symptoms.

CASE II. Pneumonia of Left Lung. Severe Symptoms. Epistaxis notwithstanding bleeding. Cerebral Symptoms. Treatment. Venesection. Cupping repeated. Infusion of ipecac. and blue mass. Subsidence of symptoms on 13th day coinciding with ptyalism.

William Pool, æt. 23, entered ward on the 7th February, 1842, from the venereal ward, where he had been for five months past with syphilis. Was taken ill January 31 with a sudden and severe cough; hoarseness, but no pain. Suffered from chills on the 2d, 3d, and 4th of February, with some pain. Took to his bed on the 2d of February. Has been in and out of it till his entrance into medical ward. No treatment.

State on the 7th. Of muscular, full frame. Light hair. Face greatly flushed. Skin very warm and dry. Some dilatation of nostrils. Respiration frequent, about 32. Pulse 120, full and resisting. Pain is felt at right side, chiefly under the sternum. Expectoration frothy, transparent, and moderately viscid. Tongue red at point, coated at edges, and rather dry. Abdomen soft.

Physical Signs.—Posteriorly on left side, respiration for the lower two-fifths is rude. Intensely tubal at middle. Slight crepitus heard in the middle also. Anteriorly the impulse of the heart is strong. First sound slightly roughened.

R Venesection.
Infus. Ipecac.

8th. Has not slept. From some mistake as to the quantity of the infusion directed at a dose, has vomited several times. Epistaxis has been quite free for several hours. Flush of face is yet present. More diffused than usual. Skin warm, but not very dry. Bowels not open for 24 hours. Pulse 116, and of good impulse.

9th. Has passed a more comfortable night. Still some pain at lower part of left side. Tongue more moist. Skin of nearly natural temperature. Pulse 118, and full. Respiration not counted. Vomiting relieved by the application of sinapisms, and the epistaxis arrested by the tincture of creosote applied to the nostrils.

R Cut cups over seat of pain, No. vj.
Infusion continued.

10th. Countenance expressive of great distress. General redness of the face. Has passed a disturbed night. Delirious a greater portion of it. Slept a short time after cups were applied. His skin this morning is warm. Complains of nausea, though the infusion has been stopped since early last evening. Some tenderness over the epigastrium. Thirst is considerable. Tongue

not much furred, and is moist. Throat very dry. Bowels not open since the injection which was administered the evening of the 8th. Respiration is very difficult, irregular, and upwards of thirty. Pulse quick, 128. Expectoration is slight and frothy, not of much tenacity. Percussion posteriorly of left side is very dull till near the summit. Subcrepitous rhoncus heard over lower lobe. Bronchial respiration at summit of left lung.

R Common enema and blue pill, gr. i., q. s. h.

Evening, 8 o'clock. Not at all improved. Pulse 130. Respiration difficult, and 50. Is delirious, indisposed to talk, but puts his hand upon his abdomen when questioned as to the seat of pain. Vomiting has ceased and bowels been opened since morning. Cough is oppressive and expectoration very difficult.

11th. Face flushed without any positive blush of cheek. Frequent retching. Cough. Expectoration very scanty, slightly tenacious and sticks in his throat. Respiration 49, and variable. Pulse 120, and soft. Tongue red, rather dry at tip, coated at centre. Nausea and loss of appetite. Great thirst.

Respiration in upper portion of left lung is rude and feeble. Strongly bronchial from the top of the lower lobe. At the middle of lung intensely tubal. Abundant crepitous rhoncus heard in the axilla. Treatment continued.

12th. Is more comfortable. Still feels pain in left side. Has slept quite well. Vomits after eating. Cough and expectoration troublesome. Skin cool and moist. Tongue moist and a little coated. Respiration still high, 48. Pulse small, 110. Bowels not open since injection of yesterday. Ptyalism very slight.

R Cut cups, No. vj. over left side ;

No. iv. over epigastrium, and a common enema.

13th. Has slept well all night. Ptyalism is very evident. Cough much less troublesome. No improvement in the power of expectorating. Skin is cool and moist. Pulse little over 80. Respiration more easy.

R All medicines stopped.

14th. Since the appearance of ptyalism all the symptoms are ameliorated. Expression more natural. Skin cooler. Pulse full and soft, 84. Respiration about 24. Expectoration much more abundant.

18th. From the 14th to this time the improvement of the patient has been continued. His pulse has gradually fallen to its healthy state. He has enjoyed natural sleep. Appetite has improved. Tongue become perfectly clean. This morning we find him a little more indisposed ; the consequence of the nurse's allowing him to leave his bed. A blister is applied over the left side, and the decoction of senega ordered.

23d. After he recovered from the exhaustion of rising, his convalescence continued.

25th. Discharged well.

This is an instance of pneumonia with strong determination to the head, which a free bleeding was not sufficient to arrest, but a natural flow of blood, which in all was not less than a pint, removed the symptoms. A return of them took place, for which cups were applied. The entire recovery of the patient took place as soon as ptyalism was produced. Was this not a direct result of the mercury ? Or is the successful termination of the

case to be attributed to other causes? The danger of the patient appeared to depend not upon the pectoral symptoms, but on the cerebral determination. Still we have every reason to believe that the mercurial action hastened the cure, acting as it usually does in pneumonia after the acute congestion has been relieved by free abstractions of blood.

By pleuro-pneumonia is meant cases of pneumonia in which the pleuritic effusion is disproportionately large. Of the two cases, one, that of a black, who entered in a state of great exhaustion with pneumonia of the left lung, and very large effusion into the right pleura, terminated fatally. The period for treatment had passed previously to the entrance of the patient. The other case is one of some interest.

CASE III. *Pleuropneumonia*.—S—C—, æt. 30, admitted February 5th, 1842. Was taken ill on the morning of the 5th. About 4 o'clock he went to his work, but soon felt too unwell to continue working. For the previous week had felt an uneasiness a little to the right of lower part of the sternum. Had, during this time, a bad cold. His appetite did not leave him. His cough was slight for several weeks before this. On the morning of the 5th a sharp and severe pain seized his head and neck. He also suffered from chills, and pain in the breast.

State on the evening of the 5th. His face is much flushed,—a diffused redness. Pain of right side very acute. Dyspnœa considerable. Bowels constipated. Pulse much excited, but not strong. Skin warm and dry. Cough short and hacking. Some cephalalgia. No expectoration. Appetite gone. Slight jaundice. Decubitus dorsal, and slightly inclined to the right side.

R Cut cups, No. viij. to right side,
and a Dover's powder ordered to be taken.

The next morning an infusion of eupatorium and senega were directed for him.

7th. Slight jaundice discovered about the eyes. Decubitus still dorsal and inclined to the right side. Some dilatation of nostrils. Moderate flush of cheeks, especially of right. Sleeps badly. Intelligence clear. Cough short, dry, and interrupted. Tongue white at centre. Bowels open freely after the oil which was taken this morning. No epigastric soreness. Skin is moist and of moderate temperature. Pulse is 100, rather feeble, and slightly irregular. Percussion on right side posteriorly dull throughout. Respiration of the same is feeble at middle portion, slightly bronchial at summit. No well defined crepitus heard. Action of the heart is feeble. The respiration anteriorly of right side is rude and puerile, with slight traces of crepitus. Percussion dull throughout.

R Infus. eupatorii et ipecac.

Cut cups, No. vi. to right side.

8th. Pulse is 72. Respiration 22. General appearance much improved. Flush of face is diminished. Skin cool and moist. Slept well.

Respiration posteriorly feeble at lower portion of both lungs, almost inaudible at lower third of right lung. Slight friction sound heard. Percussion as when previously examined, though it may be a little less dull. Treatment continued.

9th. Flush of face still present. Countenance still disturbed. Eyes

jaundiced. Tongue moist and coated with a white fur. Complains very much of increased pain in the chest. Cough is dry and paroxysmal. Dyspnoea, with dilatation of nostrils. Sighs frequently and breathes very irregularly. Bowels are free. No expectoration. Percussion anteriorly on right side is dull, becoming flat as we approach the lower third. Posteriorly it is flat and the respiration is very feeble. No crepitus heard. Pulse is 100.

R Cut cups, No. vj. to side ;
Infus. continued.

10th. At the evening visit of yesterday his symptoms were much aggravated. Pain of right side was very acute, with corresponding dyspnoea. Cough frequent, dry, and short. Cups were again applied to the side, after which immediate relief followed. Now the skin is cool and moist. He is disposed to sleep. Tongue is moist. Pulse is of good strength, 80. Respiration 30. Treatment continued.

11th. Is able to sit up. Jaundice very slight. Cough much less. No pain in the side. No expectoration. Respiration easy and natural. His improvement progressed rapidly without further medicative treatment, and by the 15th he was well enough to be discharged.

In this case we had irritation of the liver coinciding, as it often does, with pleurisy of the right side. The patient's countenance was jaundiced, and the general expression was that of dyspnoea, with inability to lie on the right side. As the pleurisy was not attended with much effusion, and the febrile excitement was slight, cupping answered a better purpose than general bleeding would have done. The infusion of ipecacuanha is one of the most frequent hospital prescriptions in slight pectoral affections.

Pennsylvania Hospital—Surgical Wards—Service of Dr. Norris.

By Dr. E. HARTSHORNE, Resident

Luxation and Fracture of the Humerus ; both cured.—Otto M., aged 7, was admitted January 8th, with luxation anteriorly of the left humerus, complicated with fracture of its surgical neck. This double injury resulted from a blow upon the shoulder, inflicted by a horse in the act of knocking down and running over the child. When presented in the ward, within an hour after the accident, the head of the humerus was found in front just below the outer third of the clavicle and behind the upper margin of the pectoralis major muscle. The shoulder was flattened, and the arm, which dangled powerless by the side, with the lower fragment drawn somewhat inwards, could be moved in every direction without materially affecting the position of the head of the bone. Crepitation between the fragments and a depression on the outside of the limb above the insertion of the deltoid, corresponding to the inward displacement of the lower fragment, together with loss of power in the extremity, and mobility at a point below the natural articulation, amply proved the existence of a fracture complicating the evident luxation already described.

Great pain was experienced, but no inflammation had yet arisen in the parts. The dislocation was immediately reduced by extension of the limb downwards and slightly outwards, aided by manipulation of the disarticulated head in such a manner as to thrust it into place. The muscles being re-

laxed and feeble offered little resistance in this operation. The fragments were then adjusted in apposition, and a well padded jointed splint, fixed at a right angle, was applied to the extremity, from the axilla to the finger ends, the whole being confined to the body in a sling. Thus dressed, the little patient was kept at rest in bed with his arm supported on some cotton and a pillow. During the first two weeks the slightest touch upon the part, on handling of the arm, or even raising the body of the child in bed, appeared to create much suffering, but no violent inflammation appeared to exist at any time. After this period, however, the patient made no more complaint, and union seemed rapidly advancing. The angle of the splint was gradually increased, and daily passive motion of the elbow joint was commenced on the 16th day. Consolidation appeared to be complete within 18 days, and on the 20th the splint was laid aside. Discharged cured February 5th, the use of the shoulder being unimpaired.

PROCEEDINGS OF SOCIETIES.

College of Physicians—Session of December 7th, 1841. Continued.

After the discussion of the paper of Dr. Parrish, Dr. Ashmead communicated a case of death from over distension of the bowels, by flatus, in which the pressure of the intestines on the great vessels and the diaphragm appear to have caused death, by embarrassing the process and arresting the mechanical operation of respiration. The case was one of inflammation of the peritoneal coat of the intestines, complicated with a partially strangulated hernia, which seemingly may have been the immediate cause of the inflammation; but the hernia was reduced without any difficulty. We have room only for a condensed view of the account of the case, and the comments of other members upon it.

“W. Wyre, aged 40 years, of large robust frame and in full health, was attacked with violent abdominal pain, vomiting and constipation, about 3 o'clock, A. M., on the 27th of August last. At 3½ P. M., I saw him; he had then feeble and frequent pulse, shrivelled skin, covered with cold, clammy sweat; hands and face blue, as in the last stage of Asiatic Cholera; respiration short and hurried; abdomen enormously inflated with gas, tense as a drum, and rising high above the level of the sternum. He was suffering under great distress and uneasiness, but had no acute pain. His intellect was perfectly clear. I found on inquiry that the patient had arrived here on the 26th, from England, after a long voyage, during the few last days of which he had been on short allowance. The night previously to his attack, he had eaten voraciously of watermelon, and drank freely of small-beer and cider just before retiring to bed.”

Dr. A. suspected, discovered, and reduced a strangulated hernia. It was large and scrotal, on the left side. Repeated teribinthinate injections were given, and the attempt was unsuccessfully made to evacuate the flatus by means of the tube. The attempt to rise in bed nearly produced immediate death, and this result appears to have followed a change of position, throwing the weight of the body on the abdomen.

"During his last moments, I proposed tapping the cæcum, an operation which may be done without penetrating the peritoneum; to this the patient consented, but unfortunately no instrument, not even a pen-knife, could be procured until too late. The whole time I was with him was not more than half an hour, and every thing had to be done by myself; could I have had fifteen minutes longer, the life of the patient might have been saved."

The abdominal appearances, (the only morbid ones) as observed on examination, were as follows:

"Peritoneum of intestines, exhibited slight injection over the stomach, duodenum, and upper half of the jejunum; over the lower portion of the jejunum, and the ilium, the injection was much higher, approaching to a dark colour, and over the whole of the large intestines, the colour was so dark that it might have been mistaken for gangrene, had there been any odour or softening of the structure, which, however, was not apparent. A small portion of coagulable lymph was observed on the portion of the bowels which had been strangulated. Omentum natural, and pushed far up in the hypochondriac region—stomach, liver, spleen and kidneys, all healthy; bladder contracted. The position of the diaphragm was particularly remarked. The highest point of its *peritoneal surface* (ascertained by thrusting an iron stile, through the chest, perpendicular to the spine,) after the removal of the bowels, was, on the right side *three inches above the nipple*, or half way between the nipple and the lower edge of the clavicle; on the left side *one inch above the nipple*—bowels greatly distended, their mucous membrane throughout of a healthy texture—the duodenum and upper half of the jejunum empty, and compressed together—the lower half of the jejunum and the ilium, greatly distended with gas, and loaded with yellowish fluid fæces, and small pieces of undigested vegetable substance of the size of beans—the distension increased towards the cæcum. On the anterior surface of the ascending colon, two or three inches above the ilio-cæcal valve, its peritoneal coat was lacerated, making a tear two or three inches long, and about one and a half inches wide. The longitudinal band of muscular fibres at this point was also torn across and retracted, so as to obliterate the pouches which exist at this place. So great was the distension of the cæcum, that on cutting off the ilium two inches above it, a violent gush of fluid fæces and gas took place, attended with a loud noise; the contents of the bowels being propelled to the distance of at least four feet from the body. The ascending, transverse, and descending colon were also enormously distended, the latter passing very high up, into the left hypochondriac region. The distension gradually lessened from the transverse colon downwards. The sigmoid flexure with its meso-colon, were highly injected and ecchymosed, the dark colour terminating above and below in abrupt lines, showing the exact extent of the stricture. The part which had been strictured was attached to the internal abdominal ring by elongated old adhesions. The lower portion of the sigmoid flexure, and the rectum were perfectly natural."

Dr. A. stated that an instrument transfixing the abdominal parieties "one inch above and one inch to the left of the anterior superior spinous process of the ilium" penetrated the cæcum about an inch outside the reflexion of the peritoneum from the intestine to the abdominal walls.

During the discussion following this case, Dr. Meigs warmly advocated the employment of the tube in evacuating flatus, especially in puerperal

peritonitis. Considering these cases to be marked by paralysis of the muscular coat in general, from over distension and obstruction or spasm at the sigmoid flexure, he considers it indispensable that the tube should be made to enter the descending colon, in order to give certain relief. In addition to other cases, Dr. Meigs narrated one of colica pictonum in which life was preserved by this application of the tube.

After the close of this discussion,

“Dr. Meigs stated, that he had in his hand yesterday a placenta of ordinary size and structure of a child born at full period; attached to the edge of this placenta was another much smaller, but of an indurated structure like a gland. To the latter was attached an umbilical chord, and the two inner membranes inclosing a foetus of about two months and a half, shrivelled and looking like a mummy. He learned from the medical friend who brought him the specimen, that the woman from whom it had been discharged had given birth to a still-born child at full term, with the placenta, &c. attached as usual, but with it this peculiar structure was thrown off. The female had been subject for several months prior to her accouchement to attacks of uterine hemorrhage. Dr. Meigs considered it a case of twins, in which one had died at two and a half months, the other continuing to live to full term. There was a death of one foetus without abortion. He had seen a case some years since in which a foetus of four and a half months had followed the birth of a child at full term. But such cases were very rare.”

THE MEDICAL EXAMINER.

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 PHILADELPHIA, MARCH 19, 1842.  
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MISCELLANEOUS NOTICES.

Medical Schools.—During the session just concluded, there have been at the University of Pennsylvania, 362 students; at the Jefferson College of Philadelphia, 209 students and 61 graduates; at the Pennsylvania Medical College, 83 students and 29 graduates; at the Albany Medical College, 101 students and 27 graduates; at the Geneva Medical College, 211 students; at the Medical Department of Yale College, 47 students and 19 graduates.

Baltimore College of Dental Surgery.—At the second annual commencement of this useful institution, the degree of Doctor of Dental Surgery was conferred upon three graduates, besides several honorary degrees. An appropriate valedictory address was delivered by Professor W. R. Handy.

Physiological Temperance Society of the Medical Institute of Louisville.—The object of this society, besides the suppression of intemperance, is the investigation of its causes, consequences, and remedies, on physiological and pathological principles, including other stimulants and narcotics than alcohol. Professor Daniel Drake is the President of the new society—an earnest that the proposed investigations will be conducted with spirit and ability. Among the corresponding members we notice the name of Dr. John Bell, of Philadelphia, a well-known advocate of the cause.

New Quarterly Medical Journal in Boston.—A new journal is announced, under the title of the “New England Quarterly Journal of Medicine and

Surgery," to be edited by Drs. Ware and Parkman, of Boston. From the character of the editors, and the promises of aid under which they take the field, the new journal is likely to be a very valuable addition to the corps. We cordially wish it success.

The Cortlandville affair, once more.—The question of amputation in this case, the Cortland county doctors seem determined to keep alive. A correspondent of the Boston Med. and Surg. Journ. under date of February 21st, writes that the patient "is again in the alms-house and very feeble. The limb," he says, "has never been healed"—and he intimates that "an amputation may yet be necessary"! Upon loose anonymous statements like this, no reliance is to be placed, but the *intimation* is not without meaning.

ANALECTA.

On Gangrenous Affections in the Puerperal State.—The mode in which gangrene takes place, and the causes which give rise to it, are often exceedingly obscure, except indeed in those cases in which it can be attributed to a direct obstruction of the circulation, as from closure or disease of the blood-vessels, or from mechanical constriction of any of the tissues of the body. Formerly the difficulty was imagined to be at once explained by summarily saying that gangrene is one of the consequences of inflammation. In the present day, on the contrary, some authors have gone so far to the opposite extreme as to think that, even in those cases where inflammation precedes the occurrence of the death of a part, this latter lesion is not the necessary effect of the former; but that it is connected with it accidentally, either from some obstruction to the course of the blood produced indeed by the inflammatory action, or from the introduction into the system of some foreign substance, such as air or some poisonous matter, or lastly, from a peculiar morbid state of the constitution itself.

Struck with the frequency with which gangrene takes place in the course of puerperal diseases, M. *Reynaud*, in his recently published memoir on this subject, has brought together many cases in illustration, and after pointing out the fluctuating and ill-supported opinions of most writers—opinions which are almost always based on the doctrine of gangrene being the result of inflammation or of putridity—he groups them in two classes:—1, gangrenous affections attributable to inflammation, and 2, those attributable to infection.

As to the cases reported in the first class, we might have expected to find that in them there had been present all, or at least the most prominent, signs of inflammatory action, developing itself gradually with greater or less rapidity, and ultimately terminating in gangrene; and yet this is not the case, if we may judge from the details narrated in the reports. Thus, in the first case, which is headed *puerperal peritonitis with gangrene of the abdominal parietes, peritoneum, and intestine*, the gangrene appeared, on the eleventh day after accouchement, on the surface of the abdomen, without having been preceded by any redness or swelling of the part; and it is not stated in the dissection of the patient, who died at the end of the third week, that the gangrenous portion of the abdominal parietes exhibited any traces of pre-existing inflammation.

The author narrates among the same group several cases where death occurred a few days after laborious delivery, and in which the internal surface

of the uterus exhibited a gangrenous eschar of some lines in thickness. In these cases he attributes the lesion to the violent manœuvres which the body of the womb had sustained. But, when the uterus has been in part disorganised by the efforts which a difficult labour has rendered necessary, should we attribute the gangrene in such cases to inflammatory action? Is it not rather a result altogether mechanical, such as we observe to take place after severe contusions, in which inflammation has little or no part at all?

The author seems to have been himself aware how little the phenomena of inflammation can be supposed in such cases to have any thing to do with the development of gangrene; as he tells us that, in these circumstances, we must not forget to take into account the condition of the female system after labour, or, in other words, the puerperal state. On the whole, we are inclined to give it as our opinion, judging from the very cases which *M. Reynaud* has recorded in his first class, that inflammation has only a very doubtful part in the production of gangrene in puerperal women; at the same time we acknowledge that it often accompanies it, as if the two states, gangrene and inflammation, were the result of the same cause. This leads us to the consideration of the *second* set of cases, those of gangrenous affections induced by infection.

Puerperal diseases arising from infection differ from diseases attributable to the same cause in this particular, that in the latter the infection usually proceeds from without, while in the former it is engendered in the bodies of the patients themselves: such is at least the opinion of the physicians of the French school, who entirely reject the doctrine of the transmission of puerperal affections by direct contact.

Whatever may be the origin of the infection, we must not the less keep in remembrance that, occasionally under the influence of certain changes in the fluids of the body, we observe gangrene taking place. It is true that if we try to push our enquiries further, and to discover what it is that constitutes infection, or how it acts in producing gangrene, we find ourselves quite at a loss; but it is one step, and that an important one, gained, to have ascertained that such cases are of too frequent occurrence to be regarded as merely the results of a simple coincidence.

In this point of view, the work of *M. Reynaud* is very interesting, although many of his observations are far from being satisfactory. What connexion, for example, can be found between the external veins filled with pus, and pulmonary gangrene, or between even inflammation of the lymphatic glands and gangrene of the uterus? None, certainly, as far as we can trace; and yet we do not deny positively that these different morbid states may not be connected with each other. We are disposed to attach more importance to another source in explaining some of the facts adduced by *M. Reynaud*, in illustration of the tendency in the female system after delivery to gangrenous affections—we mean, the absorption of unhealthy secretions from the internal surface of the womb, and their introduction into the circulation, first of the uterus, and ultimately of the entire system.

The ingenious explanation given by *M. Genest* of the development of pulmonary gangrene in cases of apoplexy of the lungs and of metastatic abscesses in their parenchymatous tissue, by the admixture of the external air with the blood or purulent matter, should certainly not be lost sight of in investigating the phenomena of certain puerperal diseases.

We are glad to observe, from a recent account of the different forms of puerperal fever observed at the Hôtel Dieu in Paris, during the year 1840,

by M. *Bourdon*, that this intelligent physician has shaken off the trammels of the Broussaian school as to the proximate cause of the disease :

He says, " The fever exhibited always the same characteristic symptoms, with a peculiar aspect and march truly remarkable ; while the lesions found on dissection were very different in different cases. Several of the lesions might be attributed to the inflammation, which, in this disease, terminates with extraordinary rapidity and ease in the formation of purulent matter in different parts of the body, such as the posterior parts of the limbs, the sub-peritoneal cellular tissue, &c. ; but we could not regard certain other serious lesions, as the consequence of this peculiar kind of inflammation."

If, at the same time, we call to mind the fluid state of the blood in the heart and large bloodvessels, the softening of almost all the viscera, &c. are we not authorised to regard puerperal fever as a disease which is intimately connected with some change or poisoning of the blood?—*London Medico-Chirurgical Review*, January, 1842, from *Gazette Medicale*.

Remarks.—With many of the preceding observations we heartily concur ; and rejoice to find that, in France, as well as in our own country, some of the most practical writers of the day are beginning to pay attention to the state of the fluids in disease, more especially in malignant fevers. The doctrine that puerperal fever is in all, or even in most, cases an essentially inflammatory disease, and, therefore, that it requires an active antiphlogistic treatment, is fraught with the most pernicious consequences. The capital error that has been committed by most writers arises from the opinion that this fever is at all times and in all seasons of the same *type* ; whereas, in truth, perhaps no two epidemics of the disease are alike ; just in the same manner as the epidemics of typhous and of the exanthematous fevers are observed to vary exceedingly in different years. We have too long forgotten to take into our consideration of such diseases the influence of what *Sydenham* and many of the old writers have denominated the *medical constitution of the season* ; and yet, what practical physician can have failed to observe the striking difference in the general character, as well as in the mortality, of febrile disorders in different seasons ? Take, for example, scarlatina ; is it not sometimes so mild as scarcely to require any medical treatment at all ? whereas during another year it is attended with high phlogistic symptoms, and in a third it exhibits the type of malignancy and putridity.

The same holds good of puerperal fever. It is quite true that in some epidemics, and, we may add, in some cases during all epidemics, the disease is essentially inflammatory ; but it is equally true that in other cases the inflammatory symptoms, if they occur at all, are only added to, and, as it were, grafted upon a morbid state of the system, which is dependent upon a vitiated state of the fluids, and a consequent serious lesion of the entire nervous system. Now this is very nearly the doctrine of the older school ; and, however humiliating to modern pride it may be to find that with all our improved methods of research we are in a great measure coming back to the long obsolete opinions and practice of the last century, it is only wise and right that we should do so when convinced of our errors.

We cannot close these few remarks without recommending to the especial notice of our readers the admirable Treatise on Puerperal Fever by Dr. *Ferguson*, published two years ago, and of which a copious review was given in our number for April 1839. One very short extract will enable them to judge of the spirit of its contents.

"The three following propositions embody my views of the source and nature of puerperal fever.

1. The phenomena of puerperal fever originate in a vitiation of the fluids.
2. The causes which are capable of vitiating the fluids, are particularly rife after child-birth.
3. The various forms of puerperal fever depend on this one cause, and may readily be deduced from it."—(Rev.)

Severe pain in the tibia relieved by incision. By CHARLES JAMES FREEMAN, Surgeon.—Benjamin Kirby, thirty-eight years of age, complained on the night of Thursday, July 29th, of pain down the shin bone, which increased to such a degree as to induce him to send for medical advice. Upon questioning him, he described the pain "as if something alive was at the bone; but on examination there was neither swelling, redness, or tension of the skin apparent; the pain was confined to the middle portion of the anterior surface of the tibia, and was constant, though more severe at stated periods, about every six hours. This pain was accompanied with high fever; pulse hard, full, and 120; he was bled generally and locally, and salines with mercurials were administered. These measures not removing either pain or febrile symptoms, I ordered a repetition of leeches, with emollient poultices and tartarised antimony: these afforded no relief, and I had recourse to large and continued doses of mercury, but with as little success. I found hectic symptoms coming on; stomach rejected all food; no sleep; opiates useless; flushes succeeded by cold cadaverous palpitations; still there were no external marks denoting inflammation. However, I was convinced relief must speedily be afforded, or the patient would sink, and therefore hazarded an incision, which I carried down the anterior surface of the tibia to the extent of six inches, and divided the periosteum; I applied a large bread poultice to the wound, and gave gentle aperients and alteratives. The next day I saw him, he was an altered man and exclaimed, "Oh, I have been in Heaven since you cut my leg." On inquiry I found that he fell asleep within an hour after the incision had been made, and slept for six hours. From that time he gradually improved under a generous diet, nor had he any return of pain. At the end of a fortnight he was sufficiently recovered to attend to his occupation of lime-burning. The wound healed without any trouble, and he is in perfect health, the leg being equally strong with its fellow.—*London Lancet*, Nov. 13, 1841.

The Vascularity of Tubercle. By P. N. KINGSTON, M. D.—The analysis which appeared in your journal on September 24th of a lecture by M. Lugol—a high authority on the subject in question—affords ample confirmation of the observations I published in 1836, on the organization and vascularity of tubercle. It is stated that M. Lugol has, in numerous cases, detected blood-vessels ramifying, not only in the cyst, but in the tubercular matter itself. In my paper on Tubercle, published in the twentieth volume of the Transactions of the Royal Medical and Chirurgical Society of London, I gave an account of seven cases in which great numbers of pulmonary tubercles, of the ordinary kind, presented, under the microscope, red vessels, which ramified and anastomosed through their interior, and were connected at the circumference with the vessels of the lungs; and I mentioned that in one of these cases, red vessels were also seen in tubercles of the bronchial and mesenteric glands.

I may add, that five months after my paper was laid before the Society, Dr. James Macartney, the distinguished Professor of Anatomy at Trinity College, Dublin, stated at the British Association, that he had succeeded in injecting tubercle.

The concurrent testimony of observers, who appear to be ignorant of one another's observations, will, I trust, be considered by your readers as demonstrative of the fact: and as these vessels are only now and then visible, and cannot be with certainty discriminated without much patient examination with the microscope, they will not be disheartened, if they should not in their first attempts succeed in detecting them.

Another instance in which a texture, long supposed to be unorganised, has now been proved to possess blood-vessels, is furnished by articular cartilage in the adult. Its vessels, being in health very minute, and not destined to transmit red blood, were not easily detected, even after careful attempts at injection; and were, in consequence, positively denied to exist by Cruveilhier, Velpeau, Key, and others. Nevertheless, Bichat, Gordon, Brodie, Mayo, and Alison, saw reason confidently to infer that they must be vascular and organized. Bichat noticed that they were liable to be reddened by inflammation; and Sir Benjamin Brodie met with occasional, though rare instances, of vessels containing red blood extending from a diseased bone into the cartilage covering it. At last Mr. Liston has shown that the injection of articular cartilage, which had been generally maintained to be impossible, from a total absence of vessels, is only difficult, and may with skill be, under favourable circumstances, accomplished.—*Lond. Med. Gaz.* Nov 26, 1841.

On the Regeneration and Union of Nerves. By MM. GUNTHER and SCHON.—Rabbits were the animals on which the following observations were made, and about fifty of these were operated on, by sometimes only cutting across the ischiatic nerves, at other times by removing a portion varying from two to four lines in length. These physiologists describe the elementary fibres of the nerves as transparent cylinders with double tunics, filled with a fluid resembling liquid albumen. After maceration in water, or after death, this fluid coagulates and produces the turbid granular aspect which, till now, has been considered its natural appearance. When the two extremities of a nerve which has been cut across become united, the nerve propagates impression through the uniting medium. This is done by means of true primary fibres having been formed through the uniting medium, and the following is the mode in which MM. Gunther and Schon have observed this to take place. After division of the nerve the two ends retract somewhat, the diameter of the neurilema becomes diminished, and the medullary substance is pushed out in a globular form; exudation of plastic lymph then occurs and fills the wound, and the cut extremities of the nerve become swollen, the upper extremity more than the lower. This tumefaction of the nerve itself is owing to the presence of plastic lymph effused into the cellular tissue and also between the neurilema and primitive fibres.

The matter which unites the two ends of the nerve, is at first amorphous, but by degrees primitive fibres shoot through the mass, and become visible at the earliest on the eighth week after division. These new fibres are in every respect similar to the original fibres; but the granular exudation and the cellular tissue which surround and envelope them render them difficult of examination. These fibres are not parallel, but exhibit a confused arrangement.

With the regeneration of the fibres of the nerve returns the sensibility and mobility of the limb or organs to which the nerve was distributed.

But in general the function of the part is not so free as before the division; the animals not being able to use the limb whose nerve had been divided, so freely as the other. The influence of the will over the limb was also observed to be diminished. MM. Gunther and Schon account for this on the supposition, which is borne out by their experiments, that the number of fibres which are regenerated are not equal to those which originally existed; besides it appeared to them that the regenerated fibres occasionally united the ends of different primitive fibres, so that sensation was not always referred to its proper place. They consider that the regeneration or growth of the uniting fibre commenced at the superior extremity of the divided nerve, but concede that it is possible that it may also take place from the lower extremity.—*Edinburgh Med. and Surg. Journ. from Arc. Gen. de Med., March, 1841.*

Experimental Researches on the Function of the Skin in man and animals.

By DR. DUCROS.—In a very curious experimental paper, Dr. Ducros shows that a coating of gum-lac put on the skins of animals causes them to die in a longer or shorter time, by producing convulsive movements similar to epilepsy. When the animals, coated with gum-lac, were subjected to electricity, they died in a much shorter time. He next tried the effect of metallic coverings, as he entertained the notion that, because they had opposite electrical properties, the animals coated with them would die with symptoms of an opposite nature. He therefore cut off the hair from some animals and covered them with thin plates of tin, (tin-foil) and found that they perished with symptoms of debility, the reverse of what he had noticed when the coating consisted of a resinous substance. When the tin was covered with a coating of gum-lac, the animals perished much more rapidly. He then placed under the influence of electricity some of the animals covered with plates of tin, and found that so long as they remained connected with the electrical current, their vigour appeared to be restored, but that whenever it was arrested, they appeared ready to perish.

The object of these experiments was to ascertain what would be the likely effect of such coverings in certain diseased states of the human frame, and especially in nervous or neuralgic affections and in rheumatism. He reasoned, that, if metallic coverings deprived animals of life by producing rapid sinking of the vital powers, the same metallic plates applied to the human body would cure or remove those diseases which seemed to depend on an excess of organic life. On putting his plan to the test of practice, he was so fortunate as to find that it removed some nervous, and a few acute and chronic rheumatic affections.

This plan of treatment was of no avail in any case where the disease was dependent on or connected with organic lesions, or attended with fever, or swelling of the part, or with general weakness; on the contrary, in all these cases the metallic plates augmented the disorder.—*Ibid. from Comptes Rendus des Seances de l'Acad. des Sciences, 20th Sept. 1841.*

Mode of Preventing the formation of Gouty Concretions. By ALEXANDER URE, M. D.—The urate of soda, which forms the chief bulk of gouty concretions, being an extremely insoluble salt, Dr. Ure thought that if any

means could be devised, so to modify the secretion of the urates, so as either to render them soluble, or to supersede them altogether, these concretions might be prevented from forming. In the course of his researches, he found that hippuric acid combined with soda, which he regarded as the analogue of gouty concretions, occurred in the urine of graminivorous animals. This salt is extremely soluble, two parts of water at 60° dissolving one part of it. Dr. Ure then ascertained by repeated experiment on himself and others, that the one salt might be substituted for the other in the human body, without any risk of affecting the general health or irritating the urinary organs. This was accomplished by administering internally the benzoic acid, an hour after a meal, when he found that the urine voided a couple of hours afterwards gave on the addition of muriatic acid, a copious precipitate of beautiful rose-pink acicular crystals of hippuric acid. The quantity procured in this way was, in general, equivalent by atomic computation to half of the benzoic acid employed, so that the remainder of that acid must have made its escape by some other emunctory. The same result was obtained when the hippurates of potash or of ammonia were used, and he thinks it would often be found preferable to employ them instead of the simple acid. The dose could easily be apportioned to the state of the urinary secretion, previously ascertained by experiment. Thus, by a process of vital chemistry, an acid containing 8 atoms of azote and 10 of carbon, is replaced by one containing 18 of carbon and only 2 of azote, and that too in what has been regarded as a highly azotized state of the system.

Mr. Ure has not yet ascertained how far this plan of treatment is applicable to all the various forms of calculous diseases connected with gouty diathesis; but he has not found it to interfere with the other remedial means; and unequivocal proofs, he says have been already afforded him, of its efficacy in correcting and removing certain disordered states of the urine in individuals prone to attacks of gravel.—*Ibid. from Medico-Chirurgical Trans.* 1841.

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